

MORRIS COMMUNITY CORRECTION CENTER

Resident Signature Form

I, Crump, Ernest, having received a copy of the Morris Community Corrections Center Orientation Manual and having had the rules and procedures explained to me I agree to abide by them.

I fully realize the use of alcohol and/or drugs is expressly forbidden while a resident of the MCCC: either on or off the MCCC grounds. I understand that possession or use of drugs or alcohol while under supervision of the MCCC may result in major disciplinary action or new charges.

As an offender under supervision of the Department of Correction, I do hereby release and waive any claim which I may have or may in the future have against the State of Delaware, Department of Correction, or any of it's or their employees, agents, or officers for personal items left by me, should I escape while in the program; or if I am returned to higher security.

The Delaware Department of Correction has established a co-pay system for health care with the current contracted medical provider. Offenders who initiate a medical request will be required to pay a fee established by DOC policy. You will also be charged a fee for dispensed over-the-counter (OTC) medications. Staff initiated medical requests waive the co-pay portion of the sick call visit. MCCC staff will only contact medical staff in situations involving medical emergencies. DO NOT ask DOC staff to call medical staff for non-emergency visits. You should also know that MCCC is not responsible for any medical or dental expenses incurred by residents on Work Release unless the following procedure is followed:

1. If an emergency medical need occurs while on MCCC property, immediately contact a staff member in the Duty Office. Medical staff will then be notified by MCCC staff so as to solicit appropriate action.
2. If an emergency medical need occurs while away from the MCCC, call MCCC at (302) 739-4758 and inform the staff of the problem. DOC staff will contact medical and/or give directives. Each case will be evaluated on a case-by-case basis concerning cost to be paid for by the DOC/contract medical provider. Decisions made by the medical contract provider concerning payments are FINAL.

I understand I must remain within "one (1) hour's contact" of the Morris Community Corrections Center at all times. I realize failure to be within one (1) hour's contact will lead to major disciplinary action and may result in my being placed on escape status. I further understand I am allowed a reasonable amount of time to travel between the Morris Community Corrections Center and any authorized destination and from said destination to the Morris Community Corrections Center. Failure to be accountable at an approved work site, or failure to return to the facility at the appointed time from work, or a treatment pass, or phase pass may result in a criminal charge of Escape After Conviction.

In addition to the above, I agree to pay room and board every Monday morning by 0900 hours based on the following:

- Employed \$5.00 per day for each day worked up to \$25.00 per week.
- Federal Residents \$7.00 per day for each day worked up to \$35.00 per week.

I also agree to pay a minimum of \$25.00 per week towards court fines and/or costs and fines, which have been levied against me by a court, unless a court order stipulates a greater amount.

I cannot enter into marriage while a resident of the Morris Community Corrections Center without the expressed written permission of the Department of Correction.

[Signature]
Resident's Signature

3-15-02
Date

[Signature]
Staff Witness Signature

3-15-02
Date